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Bib Data Sheet

CONFIRMATION NO. 4735

<b>SERIAL NUMBER</b> 10/008,782	<b>FILING DATE</b> 11/13/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 120.022US1	
<b>APPLICANTS</b> Charles F. Chesney, Sunfish Lake, MN; Kevin A. Petrucelli, Maplewood, MN; <b>** CONTINUING DATA *****</b> <i>15</i> <b>** FOREIGN APPLICATIONS *****</b> <i>18</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 01/07/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>Initials</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Sehwegman, Lundberg, Woessner & Kluth, P.A. P.O. Box 2938 Minneapolis, MN 55402					
<b>TITLE</b> Centralized clinical data management system process for analysis and billing					
<b>FILING FEE RECEIVED</b> 505	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		